



DEPARTMENT OF ECONOMIC & COMMUNITY DEVELOPMENT
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
REQUEST FOR ADDITIONAL CLASSIFICATION
(As approved by the Maine Office of Community Development)

Grantee: _____ Date: _____

Wage Determination Number: _____ CDBG Project Number: _____

Project Name: _____ Date of Contract Award: _____

Name of Prime Contractor: _____

Address: _____

Name of Subcontractor (if applicable): _____

Address: _____

Classifications Requested: _____

Signature of Requesting Party

Date

FOR OCD USE ONLY

Date Reviewed: _____ ☐ Approved ☐ Denied

Authorized Signature

(Attach this form to Notice)